

# Idaho Ryan White Title II Services

Case Management Application

ADAP Application

Both

Intake Date \_\_\_\_\_

Update Date \_\_\_\_\_

Client ID \_\_\_\_\_

## CLIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Male       Female  
 SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YYYY

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Message @ Home  Y  N Message @ Contact:  Y  N

ER Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Case Manager \_\_\_\_\_ Physician \_\_\_\_\_  
**DEMOGRAPHICS**

**Race**

White  
 Black  
 Asian/Pacific Islander  
 Native American/American Indian  
 Other/Unreported

**Risk Exposure**

MSM  
 IDU  
 IDU/MSM  
 Heterosexual  
 Health Care Exposure  
 Child of Woman w/HIV/AIDS  
 Hemophilia/Blood Recipient

**Living Arrangements**

Homeless  
 Owns       Rents  
 Other \_\_\_\_\_

Original CD4 \_\_\_\_\_ / Date \_\_\_\_\_  
 Current CD4 \_\_\_\_\_ / Date \_\_\_\_\_

Incarcerated last 90 days

**Insurance Status**

Private Insurance  
 Medicaid **Applied**  Y  N  
 Medicare Part A/AB  
 VA  
 Uninsured  
 Other

**HIV/AIDS Serostatus**

AIDS/AIDS Defining Illness  
 AIDS (CD4<200)  
 AIDS (Both Categories)  
 HIV (CD4>500)  
 HIV (CD4 499-200)  
 Unknown

Year diagnosed \_\_\_\_\_

State where diagnosed \_\_\_\_\_

Year first accessed care \_\_\_\_\_

If taking medications, year started \_\_\_\_\_

**Income Source/Financial Status**

Family Size \_\_\_\_\_  
 Gross Monthly Income \_\_\_\_\_  
 Employment  
 Compensation  
 SSDI  
 TAFI  
 None  
 Other \_\_\_\_\_

**Eligibility**

RW Title 2 CM Eligible	<input type="radio"/> Y	<input type="radio"/> N
ADAP Eligible	<input type="radio"/> Y	<input type="radio"/> N
Direct Care	<input type="radio"/> Y	<input type="radio"/> N
HOPWA	<input type="radio"/> Y	<input type="radio"/> N

Notified of Idaho Code       Y       N  
 Notified of Available Services       Y       N

## REFERRALS NEEDED

Service Need	Comments	Service Need	Comments
Shelter	<input type="radio"/> Y <input type="radio"/> N	Dental	<input type="radio"/> Y <input type="radio"/> N
Food	<input type="radio"/> Y <input type="radio"/> N	Pharmaceutical	<input type="radio"/> Y <input type="radio"/> N
Clothing	<input type="radio"/> Y <input type="radio"/> N	Vocation/Employ	<input type="radio"/> Y <input type="radio"/> N
Mental Health	<input type="radio"/> Y <input type="radio"/> N	Entitlements	<input type="radio"/> Y <input type="radio"/> N
Substance Abuse	<input type="radio"/> Y <input type="radio"/> N	Family Issues	<input type="radio"/> Y <input type="radio"/> N
Transportation	<input type="radio"/> Y <input type="radio"/> N	Legal	<input type="radio"/> Y <input type="radio"/> N
Medical	<input type="radio"/> Y <input type="radio"/> N	Other	<input type="radio"/> Y <input type="radio"/> N

If you are eligible for the Ryan White/ADAP programs, your demographic information will be shared with the STD/AIDS Program with the Idaho Department of Health & Welfare. Shared information will be limited to that which is required for funding.

Client Signature and Date \_\_\_\_\_

Witness Signature and Date \_\_\_\_\_